

14/CPA
8/16/02

CONTINUED PROSECUTION APPLICATION (CPA)
REQUEST TRANSMITTAL
Submit an original, and a duplicate for fee processing.
(Only for Continuation or Divisional applications under 37 CFR 1.53(d))
CHECK BOX, if applicable:
☐ DUPLICATE

Address to:

Assistant Commissioner for Patents
Box CPA
United States Patent and
Trademark Office
P.O. Box 2327
Arlington, VA 22202

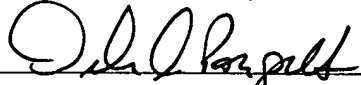
Attorney Docket No. of Prior Application	944-001.005
First Named Inventor	M. Uusimäki
Examiner Name	A. Abdulselem
Group Art Unit	2674
Express Mail Label No.	EV 137 069 874 US

This is a request for a ☒ continuation or ☐ divisional application under 37 CFR 1.53(d),
(continued prosecution application (CPA)) of prior application number 09 / 451,167
filed on November 30, 1999, entitled Electronic Device Having Touch Sensitive Slide.

CERTIFICATE OF EXPRESS MAILING

I hereby certify that, on the date shown below, this correspondence is
being deposited with the United States Postal Service in an envelope
addressed to the Assistant Commissioner for Patents, Box CPA, Arlington, VA 22202, as "Express Mail Post Office to Addressee", Mailing Label No.
EV 137 069 874 US

Date: July 29, 2002


Name: Debra A. Pongetti

RECEIVED

AUG 05 2002

Technology Center 2600

1. ☐ Enter the unentered amendment previously filed on _____
under 37 CFR 1.116 in the prior nonprovisional application.
2. ☒ A preliminary amendment is enclosed.
3. This application is filed by fewer than all the inventors named in the prior application, 37 CFR 1.53(d)(4).
 - a. ☐ DELETE the following inventor(s) named in the prior nonprovisional application:
.....
 - b. ☐ The inventor(s) to be deleted are set forth on a separate sheet attached hereto.
4. ☐ A new power of attorney or authorization of agent (PTO/SB/81) is enclosed.
5. Information Disclosure Statement (IDS) is enclosed:
 - a. ☐ PTO-1449
 - b. ☒ Copies of IDS Citations

[Page 1 of 2]

08/02/2002 RNDDAF1 00000069 09451167
01 FC:131
02 FC:103
740.00 DP
18.00 DP

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 CFR 1.16(c) or (j))	30 -20* =	.1	x \$ 18 =	\$ 18.00
	INDEPENDENT CLAIMS (37 CFR 1.16(b) or (i))	-3** =		x \$ _____ =	
	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d))			+ \$ _____ =	
				BASIC FEE (37 CFR 1.16)	740.00
	Total of above Calculations =				758.00
	Reduction by 50% for filing by small entity (Note 37 CFR 1.27).				
	* Reissue claims in excess of 20 and over original patent. ** Reissue independent claims over original patent.				TOTAL = 758.00

6. ☐ Small entity status: Applicant claims small entity status. See 37 CFR 1.27.7. The Commissioner is hereby authorized to credit overpayments or charge the following fees to
Deposit Account No. 23 - 0442:a. ☒ Fees required under 37 CFR 1.16.b. ☒ Fees required under 37 CFR 1.17.c. ☐ Fees required under 37 CFR 1.18.8. ☒ A check in the amount of \$ 868.00 is enclosed.9. ☐ Payment by credit card. Form PTO-2038 is attached.10. ☐ Applicant requests suspension of action under 37 CFR 1.103(b) for a period of _____ months
(not to exceed 3 months) and the fee under 37 CFR 1.17(i) is enclosed.11. ☐ New Attorney Docket Number, if desired _____

[Prior application Attorney Docket Number will carryover to this CPA unless a new Attorney Docket Number has been provided herein.]

12. a. ☐ Receipt For Facsimile Transmitted CPA (PTO/SB/29A)b. ☒ Return Receipt Postcard (Should be specifically itemized, See MPEP 503)13. ☒ Other: Petition for a One-Month Extension of Time (2 sheets)

RECEIVED

AUG 05 2002

Technology Center 2600

NOTE:**The prior application's correspondence address will carry over to this CPA
UNLESS a new correspondence address is provided below.****14. NEW CORRESPONDENCE ADDRESS**☒ Customer Number or Bar Code Label

004955

or ☐ New correspondence address below

(Insert Customer No. or Attach bar code label here)

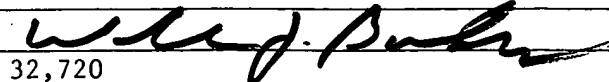
Name					
Address					
City		State		Zip Code	
Country		Telephone		Fax	

15. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Name (Print /Type)

William J. Barber

Signature



Registration No. (Attorney/Agent)

32,720

Date

July 29, 2002